

# SALOMONE BROS., INC. OR ITS AFFILIATED COMPANIES

## APPLICATION FOR EMPLOYMENT

We appreciate your interest in Salomone Bros. (the "Company"). The Company is an equal employment opportunity employer who does not discriminate against any applicant or employee based on race, color, sex, religion, national origin, age, disability, or any other basis protected by applicable federal, state, or local laws and prohibits harassment of applicants or employees based on any of these protected categories. The Company also complies with all applicable local, state and federal laws respecting consideration of unemployment status in making hiring decisions.

Note to Applicants: Smoking is prohibited in all indoor areas of the Company unless designated smoking areas have been established by a particular location in accordance with applicable state and local law.

Please complete all sections.

PERSONAL				
Last Name	First Name	M.I.	Date Application Completed	
Home Address			Home Telephone	
City	State	Zip Code	Cellular/Business Telephone	
Type of Employment:			Email Address	
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Summer <input type="checkbox"/> Temporary				
Were you previously employed by this Company or any of its affiliates?			Are you at least 18 years of age?	
<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Location/Dates: _____			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever applied for employment with us?			Position sought	
<input type="checkbox"/> Yes <input type="checkbox"/> No  If yes, Month and Year: _____  Location: _____			Will you work overtime if asked?  <input type="checkbox"/> Yes <input type="checkbox"/> No	
Check times you are NOT available to work:			Do you have any friends or relatives now employed at Salomone Bros., Inc. or any of its affiliated companies?	
<input type="checkbox"/> Day Shift <input type="checkbox"/> 2 <sup>nd</sup> Shift <input type="checkbox"/> 3 <sup>rd</sup> Shift <input type="checkbox"/> Saturdays <input type="checkbox"/> Sundays or Holidays			<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, state name(s) and where they are located.	
Can you provide documentary proof of your ability to work lawfully in the United States for any employer?			When will you be available to begin work?	
<input type="checkbox"/> Yes <input type="checkbox"/> No				

EDUCATIONAL BACKGROUND				
SCHOOL	NAME & LOCATION OF SCHOOL	COURSE OF STUDY	DID YOU GRADUATE ?	DEGREE OR DIPLOMA YEAR AND TYPE
			<input type="checkbox"/> Yes  <input type="checkbox"/> No	
			<input type="checkbox"/> Yes  <input type="checkbox"/> No	
			<input type="checkbox"/> Yes  <input type="checkbox"/> No	
			<input type="checkbox"/> Yes  <input type="checkbox"/> No	

## CERTIFICATIONS AND LICENSES

Include licenses and certifications applicable to the position applied for and year in which the license/certification was obtained

Special training or skills (languages, machine operation, etc.):

## PRIOR EMPLOYMENT OR SERVICES

Please give accurate, complete full-time and part-time employment or other service records. Start with your present or most recent employer. If you require additional space, please use the reverse side of this page or the following page. You may include verifiable time spent performing services on a volunteer basis, as a student and/or serving in the armed forces.

Company Name	Telephone Number
Address	Employed -- (State month and year) From:  To:
Name of Supervisor	Email address
State Job Title and Describe Your Work	Reason for Leaving
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Company Name	Telephone Number
Address	Employed -- (State month and year) From:  To:
Name of Supervisor	Email address
State Job Title and Describe Your Work	Reason for Leaving
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Company Name	Telephone Number
Address	Employed -- (State month and year)

	From:
	To:
Name of Supervisor	Email address
State Job Title and Describe Your Work	Reason for Leaving
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**REFERENCES**

**Please list two business references, i.e. supervisors, peers, etc.**

NAME	EMAIL ADDRESS	TELEPHONE NO.	HOW KNOWN BY YOU

**CERTIFICATION**

I certify that the information that is provided in this Application for Employment is true, correct, and complete. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contact. I understand and agree that any misstatement or omission of fact by me on this application will result in refusal to hire or, if hired, my dismissal regardless of when the false answer or omissions are discovered.

I understand and acknowledge that any employment with Salomone Bros. is employment "at will", which may be terminated by either Salomone Bros. or me at any time, for any lawful reason, with or without notice or cause.

I understand that, in connection with my employment, the Company may request from a consumer reporting agency an investigative consumer report including information including, but not limited to my background, employment, education, criminal records, credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the Company, will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I also understand that, if the position I am applying for requires driving of a Company vehicle or the use of my personal vehicle on Company time, a Motor Vehicle Report (MVR) will be run. If you hold a Commercial Driver's License you will require clearance through the Federal Motor Carrier Safety Administration's Drug & Alcohol Clearinghouse prior to starting work.

**BY MY SIGNATURE BELOW, I ACKNOWLEDGE AND AGREE TO THE FOREGOING.**

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Date \_\_\_\_\_ Signature of Applicant \_\_\_\_\_

**PRE-EMPLOYMENT DRUG TESTING**

If the position you are applying for is regulated by the Federal Motor Carrier Safety Administration or deemed to be "Safety Sensitive" you agree to submit to a legally permissible drug testing upon an offer of employment from the Company and prior to starting work. I agree that any offer of employment is contingent upon my receiving a negative test result in accordance with applicable law.

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Date \_\_\_\_\_ Signature of Applicant \_\_\_\_\_